

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO													
I hereby revoke all previous powers of attorney given in the application identified in the attached statements under 37 CFR 3.73(b) which statements have been prepared by the practitioners associated with Customer Number 07278 with the Assignee's authorization.													
I hereby appoint:													
<input checked="" type="checkbox"/> Practitioners associated with the Customer Number: 07278													
OR <input type="checkbox"/> Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name</th> <th style="width: 20%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> </tr> </tbody> </table>		Name	Registration Number			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name</th> <th style="width: 20%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> </tr> </tbody> </table>		Name	Registration Number				
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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned <u>only</u> to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).													
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:													
<input checked="" type="checkbox"/> The address associated with Customer Number: 07278													
OR													
<input type="checkbox"/> Firm or Individual Name													
Address													
City		State		Zip									
Country		Telephone		Email									
Assignee Name and Address: ALSTOM Technology Ltd, Brown Boveri Strasse 7, 5400 Baden, Switzerland													
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.													
SIGNATURE of Assignee of Record													
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee													
Signature G. Bolis		Date August 28, 2006											
Name Giacomo F. Bolis		Telephone + 41 56 2052537											
Title Director of Intellectual Property													